

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County Greene
 Township Murray
 or
 Village
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 323 File No. 32707
 Primary Registration District No. 5448 Registered No. 7

FULL NAME

Maggie Russel

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE married
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)

DATE OF BIRTH Aug 8, 1888
 (Month) (Day) (Year)

AGE 24 yrs. 2 mos. 10 ds. If LESS than
 1 day, _____ hrs.
 or _____ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) —g—

BIRTHPLACE
 (City or town, State or foreign country) Polk Co

PARENTS
 NAME OF FATHER Wm. H. Clark
 BIRTHPLACE OF FATHER N. Mo.
 (City or town, State or foreign country)
 MAIDEN NAME OF MOTHER Sophie Langley
 BIRTHPLACE OF MOTHER Polk Co
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Judy Russel
 (ADDRESS) Willard Mo

Filed Oct 20, 1912 C. J. Piles
 REGISTRAR

MISSOURI BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 11, 1912, to Oct 18, 1912,
 that I last saw her alive on Oct 18, 1912,
 and that death occurred, on the date stated above, at 4³⁰ am.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

1 (Duration) 01 yr. 1 mos. 6 ds.

Contributory (SECONDARY) (Duration) _____ yr. _____ mos. _____ ds.

(Signed) C. J. Piles M. D.
Oct 20, 1912 (Address) Willard

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 12 yrs. _____ mos. _____ ds. In the State 24 yrs. 2 mos. 10 ds.

Where was disease contracted if not at place of death? at place.

Former or usual residence U. P. A.

PLACE OF BURIAL OR REMOVAL Wesley Chapel DATE OF BURIAL Oct 19, 1912

UNDERTAKER DeCloud ADDRESS Willard Mo

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. *me*, who are engaged in the duties of the *ly* (not paid *Housekeepers* who receive a *y*), may be entered as *Housewife, House-ome*, and children, not gainfully employed, or *At home*. Care should be taken to re-ly the occupations of persons engaged in ice for wages, as *Servant, Cook, House-*the occupation has been changed or given t of the DISEASE CAUSING DEATH, state oc-*g*inning of illness. If retired from busi-*t* may be indicated thus: *Farmer (re-* For persons who have no occupation *te None*.

of cause of death.—Name, first, the *NG DEATH* (the primary affection with re-*and causation*), using always the same for the same disease. Examples: *Cere-* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of *typhoid fever* (never report "Typhoid *Lobar pneumonia; Bronchopneumonia* " unqualified, is indefinite); *Tuberculosis inges, peritoneum*, etc., *Carcinoma, Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

